



APPLICATION FOR ADMISSION - DO NOT DUPLICATE
28th Street Apartments - MHSA Units



Studio MHSA apartments for persons who are certified as MHSA eligible by the Department of Mental Health.

28th Street Apartments will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS relation condition. TDD Telephone device for the deaf only (888) 877-5379 or California Relay Service (711).

Please fill in all blanks. Incomplete applications will not be processed.

APPLICANT NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CURRENT ADDRESS: _____ APT. #: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE #: _____ WORK #: _____ OTHER WORK #: _____

CELL PHONE #: _____ E-MAIL: _____

REFERING CASE MANAGEMENT ORGANIZATION:

ORGANIZATION: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

NAME OF CONTACT: _____

Applicant:

LAST NAME FIRST NAME BIRTHDATE (MM/DD/YYYY) SOC. SEC. #

1. _____

DO YOU OWN A CAR? _____ WOULD YOU REQUIRE A PARKING SPACE? _____

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Have you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? YES NO. If YES, please explain _____

Do you plan to have anyone living with you in the future who is not listed above? YES NO. IF YES, PLEASE EXPLAIN: _____

If you have listed a child or children above, do you have full custody of your child(ren) listed above? YES NO. Explanation of custody arrangements: _____

Have you or anyone you plan to have living with you been convicted of a crime?
 ___ YES ___ NO. If "YES", please list the disposition behind each incident involving all members of the proposed household: _____

Do you have any family members or friends who currently work at this property?
 YES. ___ If "YES", name of employee: _____ NO. ___

Do you have a section 8 voucher or certificate? ___ Expiration Date: _____
 Yes No

Have you been displaced by a redevelopment project in the City of Los Angeles? ___
 Yes No

Please list at least two (2) years of rental history below.

1. **CURRENT LANDLORD:** _____
 PHONE #: _____ FAX #: _____
 WHAT IS YOUR CURRENT RENT? _____
 LANDLORD'S ADDRESS: _____
 DATE OF MOVE-IN: _____
 YOUR ADDRESS/APT. #: _____

2. **PREVIOUS LANDLORD:** _____
 PHONE #: _____ FAX #: _____
 RENT AMOUNT: \$ _____
 LANDLORD'S ADDRESS: _____
 DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____
 YOUR ADDRESS/APT. #: _____

INCOME INFORMATION

Does any family member now receive or expect to receive income from any of the following sources? For each "YES" answer, provide the details in the chart below:

Income

Monthly Gross Income

<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self employment) _____	(use <u>net</u> income from business) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer</u> / <u>Household Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____ \$ _____

<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments. <u>Household Member</u> 1) _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI). <u>Household Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security. <u>Household Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive student financial aid (public or private, not including student loans). 1) _____ 2) _____	\$ _____ \$ _____
TOTAL MONTHLY INCOME			\$ _____
TOTAL ANNUAL INCOME (TOTAL MONTHLY INCOME x 12)			\$ _____

Asset Information

		Interest Rate	Cash Value
<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO		
I have a checking account(s). If yes, list bank(s) and Household Member			
1) _____		_____ %	\$ _____
2) _____		_____ %	\$ _____
3) _____		_____ %	\$ _____

<input type="checkbox"/> YES	<input type="checkbox"/> NO	I have a savings account(s) If yes, list bank(s) and Household Member 1) _____ % 2) _____ %	_____ % _____ %	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____ %	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names and Family Member 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) and Family Member 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I have a whole life insurance policy. If yes, how many policies _____		\$ _____

<input type="checkbox"/> YES	<input type="checkbox"/> NO	I have cash on hand.		\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____

Student Status

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Are you a <u>full-time</u> students (Examples: College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate becoming a full-time student household in the next 12 months?

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

Do you require special unit design features for mobility impairment? Yes _____ No _____

Do you require special unit design features for visual impairment? Yes _____ No _____

Do you require special unit design features for hearing impairment? Yes _____ No _____

APPLICANT CERTIFICATIONS

1. I certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
2. I certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
3. I understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
4. I understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
5. I understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
6. I agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. (I/we may request copies of these documents.) This will be required prior to an application being processed.
7. I agree to allow management to contact, provide status and information request through and coordinate eligibility with the case management organization listed on the front page of this application.
8. Housing is subject to availability.

Name (PLEASE PRINT): _____

Signature: _____ DATE: _____